DAT	TENT APP	LICATION F	EE DET	ERMINATION	N RECORD		Applic	ation or P. H.	مسين	et Numl	ber	
		Effective	- Cooco. ·			SM	ALL EN		OR	OTI	IER THA	AN ITY
	((Colun	nn 1)	(Column		RA	PE _	FEE		RAT	E F	EE
FOR		NUMBER F		3	95.00	OR		79	0.00			
BASIC FI	EE.	x\$			OR	x\$2	2=					
TOTAL C	LAIMS	12	minus 20			-			1	x82	2=	
	NDENT CLAIMS		minus 3	= *			1=		OR			
		T CLAIM PRESE				+1	35=	70 KM	OR			
* If the d	difference in colum	n 1 is less than zen	o, enter:*0" in co	olumn 2		TC	TAL	3860	OR		715	
	C	LAIMS AS AI	MENDED -	PART II	(Column 3)	•	SMALL I	ENTITY	OF		THER T	NTITY
L A		(Column 1) CLAIMS REMAINING AFTER		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	P	ATE	ADDI- TIONAL FEE	-	R		ADDI- TIONAL FEE
AMENDMENT		MENDMENT 12	Minus	** 20	= -	×	\$11=		0	R X	22=	
N N	Total			3	=	\	<41=		$\lnot \circ$	RX	82=	
ME	Independent	• 2	Minus	DEPENDENT CL	AIM		135=			OR +	270=	
	FIRST PRES	ENTATION OF	MOLITICE			· L	TOTAL DIT. FEE		J o	OR ADI	TOTAL DIT. FEE	
	•	(Column 1)		(Column 2)	(Column 3)	1 r		ADD		Γ		ADDI-
18		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TION	AL		RATE	TIONAL FEE
MEN		*	Minus	**	=	11	x\$11=		_	OR I	x\$22= 	ļ
AMENDMENT	Total		Minus	***	=] [x41=			OR	x82=	
AME	Independen	CENTATION C	l "	E DEPENDENT	CLAIM		+135=	= \		OR	+270=	
-	FIRST PRI	=3ENTATION 0	NTATION OF MULTIPLE DEPENDENT CLAIM				TOT/ ODIT. FE	AL EE		OR A	TOTAL DDIT. FEI	
1		(Column 1)	V CONTROL OF THE PARTY OF THE P	(Column 2) HIGHEST	(Column 3	<u>'</u>			DDI-			ADDI-
i i	1 AND MINE SECTION	CLAIMS REMAINING AFTER		NUMBER PREVIOUSI PAID FOR	Y EXIDA		RATE	= TIC	NAL		RATE	TIONA FEE
L Name of Street		AMENDME	Minus	**	=		x\$11	=		OR	x\$22=	
	Total		Minus	***	. =		x41	=		OR	x82=	
	Independent			LE DEPENDEN	T CLAIM		+13	5=		OR	+270	
-	FIRST P		en the entry in	column 2, write "0"	in column 3.	0.		TAL FEE			ADDIT. F	EEL
1.	** If the "Highes" *** If the "Highes	Number Previous Number Previous Number Previous	ty Paid For IN ty Paid For IN y Paid For (To	tal or Independent) i	s than 3, enter "3." is the highest num 7 - 430-571/69194	ber fou	and in the	appropria Trademai	te box i k Office	n columi	PARTMEN	T OF COMM

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1996

Application or Docket Number C. P. H./
08976440

P	AIENIA		Effective	re October	1, 1996				109	7 / 27	Z				
			LAIMS AS I						SMALL	ENITITY	OR		THER		
			(Colu	mn 1)	(0	Column		_	RATE	FEE	0		TE		ΞE
OR			NUMBER	FILED	NUMBE	REXI	HA		TATE			F054	प्रक्र ि		
ASIC			WE WE WE					The state of the s		385.00	OR		飁	770	0.00
	CLAIMS		12	minus 2	0 =			Γ	x\$11=		OR	×\$	22=		
	ENDENT CL	LIMS	1 1	minue	3 - 1			1	x40=		OR	x	80=		
			CLAIM PRESE		· <u>·</u> _1			-	+130=		OR	+2	:60=		
					mluma 2			L		3950	d	<u> </u>		-	
tf the	dillerence in c	olumn 1	l is less man 7AI	o, enter o ut	Otomar 2				TOTAL	2100	J OR	1	OTAL	L	
			AIMS AS AI	MENDED -	PART II (Column 2)) ((Column 3)	,	SMALI	ENTITY	OF	: :	OTHE SMAL		
ATA		RE	CLAIMS MAINING AFTER		HIGHEST NUMBER PREVIOUS PAID FOR	LY F	PRESENT EXTRA		RATE	ADDI- TIONAL FEE			RATE	TI	ONAL
AMENDMENT	Total	•		Minus	••				x\$11=		0	R ×	\$22=		
END	Independen			Minus	***				x40=		\neg \circ	R	×80=		
AM	1		ITATION OF		DEPENDEN	T CLAI	IM	1	+130=		٦ 。	R	-260=		
-	FIRST PR	FOEI	TATION OF	(#IOC1111					TOTA		ا.	سا ۱۹ ۵۵	TOTA	با ا	
		((Column 1)		(Column	2)	(Column 3)	- -	ADDIT. FE	E	—'	- AU	U(1. PC		
ENT B			CLAIMS EMAINING AFTER MENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONA FEE	L		RATE	: :	ADDI TIONA FEE
	Total	•		Minus	•• .		=		x\$11=	=	•	OR	x\$22	=	
AMENDA		1	-	Minus	***		E	7	x40=		_	OR	x80:	=	
A M	Independe	l_	O NOITATIO	1	DEPENDE	NT CL		7	+130	_		OR	+260)=	
<u> </u>	FIRST PI	HESE	TATION OF						TOT	AL	-	OR,	TO LDDIT. I	TAL	
			(Column 1)		(Colum	n 2)	(Column 3)	ADOIT. F	EE L	—¦	ر . ا			
0 15			CLAIMS REMAINING AFTER AMENDMEN	CHEST	HIGHE NUMB PREVIO PAID F	ER USLY	PRESEN' EXTRA		RAT	E TION FE	IAL		TAR ———	- 1	FE
TNEMOMENT	Total	WAY.	•	Minus	••		=		x\$11	=		OR	x\$2	2=	
N II	Independ	1001	•	Minus	•••		=		x40)=		OR	x80	0=	
	independ		ENTATION (E DEPEND	ENT C			+13	0=		OR	+26	60=	
-		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM. If the entry in column 1 is less than the entry in column 2, write "o" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT	OTAL	
	" If the "Highe	et Nun	nber Previously	Paid For IN	THIS SPACE H THIS SPACE H	less that the	in 20, chier 21. 20 3, chier 3. 2 blobest aum	u. nar l	ADDIT.			l • — ·	. •		

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

L					ber 10, 1998				28/97	lac	140_	
		CLA		S FILED - Column 1)		umn 2)			ENTITY	OR	OTHER	R THAN
F(OR		NUMBE	ER FILED	NUMBER		Г	RATE	FEE	7	RATE	FEE
B/	ASIC FEE			9	<u> </u>				380.00	OR	e garaga za e	760.00
TC	OTAL CLAIMS		<u></u>	minus	20= *		-		-			700.00
INE	DEPENDENT C	LAIMS		minus			 	X\$ 9=	<u> </u>	OR	X\$18=	ļ
	JLTIPLE DEPEN		CLAIM P		<u>1</u>		 	X39=	<u> </u>	OR	X78=	
_								+130=		OR	+260=	
" 11					ero, enter "0" in	column 2		TOTAL	345	OR	TOTAL	
	С			WENDE	O - PART II	•					OTHER	
-			umn 1) AIMS	198	(Column 2) HIGHEST	(Column 3)	-	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REM AF	IAINING FTER NDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
END	Total	*		Minus	**	=		X\$ 9=	<u> </u>	OR	X\$18=	
AM	Independent FIRST PRESE	* =NTATIC	N OF MI	Minus	PENDENT CLAIM	= 		X39=		OR	X78=	
	1	.141/11	74 01 171	JUIN LE DE	PENDENT CLAN	1		+130=		OR	+260=	
							L	TOTAL			TOTAL	
			umn 1)		(Column 2)	(Column 3)	AL	DIT. FEE],	ADDIT. FEE	
MENDMENT B		REM AF	AIMS IAINING FTER NDMENT	\$15.00 mg	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
END	Total	*		Minus	**	=		X\$ 9=		OR	X\$18=	
AM	Independent FIRST PRESE	* NTATIC	N OF MI	Minus	PENDENT CLAIM	= .		X39=		OR	X78=	
				/CIII	CHOCKL OF WA			+130=		OR	+260=	
							AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
			umn 1)		(Column 2)	(Column 3)		-		• .	10011.1 <u>.</u>	
AMENDMENT C		REM/ AF	AIMS AINING TER IDMENT	politic in Marie de	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Q.	Total	*		Minus	**	=	,	X\$ 9=		OR	X\$18=	
AME	Independent	*	j	Minus	***	=		X39=		l	X78=	
	FIRST PRESE	NIAIIO	N OF MU	LTIPLE DEP	PENDENT CLAIM		\vdash			OR		
* 11	f the entry in colur	mn 1 is le	ss than th	e entry in colu	mn 2, write "0" in co	ılumn 3.	+	130=		OR	+260=	
***	it the "Highest Nun If the "Highest Nur	mber Pre mber Pre	viously Pai viously Pai	iid For" IN THIS iid For" IN THIS	S SPACE is less tha	an 20, enter "20."		TOTAL DIT. FEE		OR A	TOTAL ADDIT. FEE	
,	The Thighest Hulli	Del Flev	ously Falo	i For (lotal or	Independent) is the	highest number	found	in the app	ropriate box	in colu	ımn 1.	

BEST AVAILABLE COPY

	PATENT A			N FEE DE			ON RECOF	RD	7	P. H	or Do 5 8/9	THE H	ber £0
		CLA		FILED - olumn 1)	PAI		ımn 2)		SMALL E	ENTITY	/ OR	OTHER SMALL	
FOR NUMBER FILED NUMBER EXTRA									RATE	FEE] [RATE	FEE
BA	SIC FEE				1.3					345.00	OR		690.00
TO	TAL CLAIMS		12	minus 2	20=	*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	2	- minus	3 =	*		r	X39=		OR	X78=	
MU	LTIPLE DEPEN	DENT	CLAIM PF	RESENT					+130=		OR	+260=	
* if	the difference	in colu	ımn 1 is l	ess than ze	ro, ∈	enter "0" in	column 2	L	TOTAL	355:00	OR OR	TOTAL	
	CI		S AS A umn 1)	MENDED	-	PART II Column 2)	(Column 3)	S	SMALL E	ENTITY	or	OTHER SMALL	
AMENDMENT A	F	CL REM AF	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	Г	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	. /	2	Minus		20	=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	NTATI	N OF M	Minus	***	· 3	=		X39=		OR	X78=	
	I MOI PRESE	MIMIL	JIN OF ML	LITTE DEI		JENI CLAIN			+130=		OR	+260=	
				Y	J.			L An	TOTAL DDIT. FEE			TOTAL ADDIT. FEE	
	State Section Control		umn 1)			Column 2)	(Column 3)	- 16			- '		
DMENT B		REM A	LAIMS MAINING FTER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• /	2	Minus	**	20	= -		X\$ 9=		OR	X\$18=	
AMEN	Independent FIRST PRESE	NTATI	JN OF M	Minus	DENI]=		X39=		OR	X78=	
一	i inoi FRESE	HAIR.	UN UP MI	OLHFLE DE	reni	DENT CLAIN	/1		+130=		OR	+260=	
								AD.	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
·			lumn 1)			Column 2)	(Column 3)	,					
AMENDMENT C		REM A	LAIMS MAINING FTER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDV	Total	*		Minus	**		=		X\$ 9= ·		OR	X\$18=	
AME	Independ nt FIRST PRESE	*	JN OF M	Minus	DENI		=		X39=		OR	X78≃	
<u> </u>	I INOI FRESE	MAH	ON OF MI	OLITE DE	- CINI	DENT CLAIN	Л		+130=		OR	+260=	1
***	If the entry in colu If the "Highest Nu "If the "Highest Nu The "Highest Nu	mber Pr imber Pi	reviously Pa reviously Pa	aid For" IN THI aid For" IN TH	IS SP IS SP	PACE is less the PACE is less the	an 20, enter "20." an 3, enter "3."	_ AD	TOTAL		OR	TOTAL ADDIT. FEE	

1	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997 97640													
		CL	AIMS AS		SMALL TYPE	ENTITY	OR	OTHER SMALL						
FOR NUMBER FILED NUMBER EXTRA										FEE		RATE	FEE	
BASIC FEE										395.00	OR'		790.00	
ТОТА	L CLAIMS		12	minus	20 =	*			x\$11=	, -	οń	x\$22=		
INDEPENDENT CLAIMS											OR	x82=		
MULT	IPLE DEPEND	ENT CL	AIM PRES	SENT		_			+135=		OR	+270=		
* If the	e difference in co	lumn 1 is	less than z	ero, enter "0" in	colum	n 2		L	TOTAL	295	L	TOTAL		
			OR											
		(Colu	MS AS A	SMALL	ENTITY	OR		R THAN ENTITY						
AMENDMENT A		REM. AF	AIMS AINING TER DMENT		NI PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N D	Total	*		Minus	**		=		x\$11=		OR	x\$22=		
ME	Independent	*		Minus	***		=		x41=		OR	x82=		
V	FIRST PRES	SENTA	TION OF	MULTIPLE	DEPE	ENDENT CL	AIM		+135=		OR	+270=		
								- L	TOTAL ODIT. FEE	·	OR	TOTAL ADDIT. FEE		
			umn 1) AIMS		<u>`</u>	Column 2)	(Column 3)	ה וו	JU11. 1 C.E.	<u> </u>	, 1	ADDII. FEE		
MENT B		REM Af	AINING TER NDMENT		N PRI	UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		x\$11=		OR	x\$22=		
AMEND	Independent	*		Minus	***		=		x41≕		OR	x82=		
A	FIRST PRE	SENTA	ATION OF	MULTIPLE	DEP	ENDENT CL	AIM]	+135=		OR	+270=		
		(Co	lumn 1)		((Column 2)	(Column 3)	- 1 A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
ENT C		REM A	AIMS IAINING FTER NDMENT		PR	IIGHEST NUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DM	Total	*		Minus	**		=		x\$11=		OR	x\$22=		
AMENDMENT	Independent	*	···	Minus	***		=] !	x41=		OR	x82=		
Ā	FIRST PRE	SENT	ATION OF	MULTIPLE	DEP	ENDENT CL	_AIM		+135=		OR	+270=		
*** If	the entry in colu the "Highest Nu the "Highest Nu he "Highest Num	imber Pi imber Pi	reviously Pareviously Pa	aid For IN THI aid For IN THI	S SPA S SPA	CE is less than CE is less than	1 20, enter "20."		TOTAL DDIT. FEE in the appr	<u> </u>	OR	TOTAL ADDIT. FEE 1.		
FORM I	PTO-875 (Rev. 8/	97)	•	US Government	Printing	∩4ico 1007 . 430	.571/60104	Pati	ent and Trad	emark Office	US DE	PARTMENT C	F COMMERC	

Application or Docket Number